



STATE OF MARYLAND

DMMH

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July 09, 2008

Public Health & Emergency Preparedness Bulletin: # 2008:27

Reporting for the week ending 07/05/08 (MMWR Week #27)

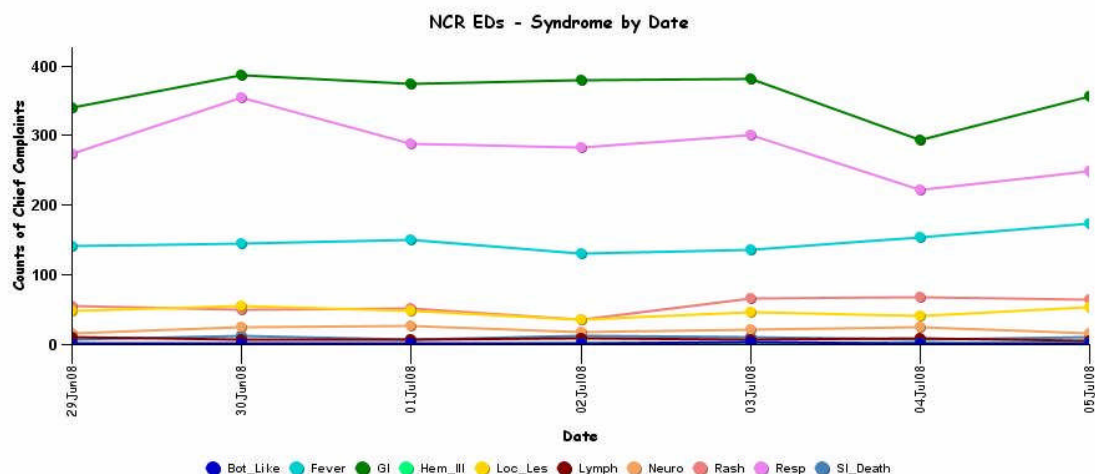
CURRENT HOMELAND SECURITY THREAT LEVELS

National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

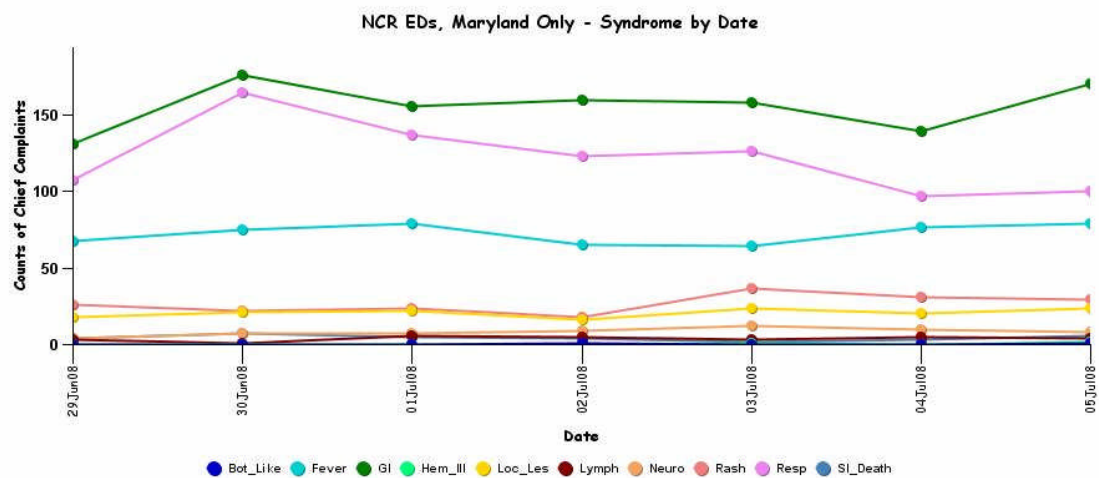
SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

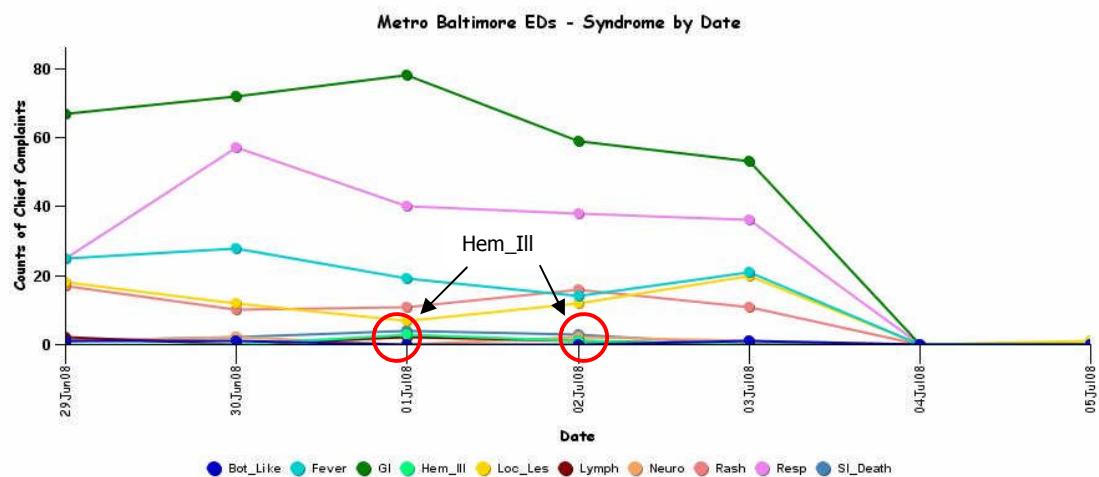
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system

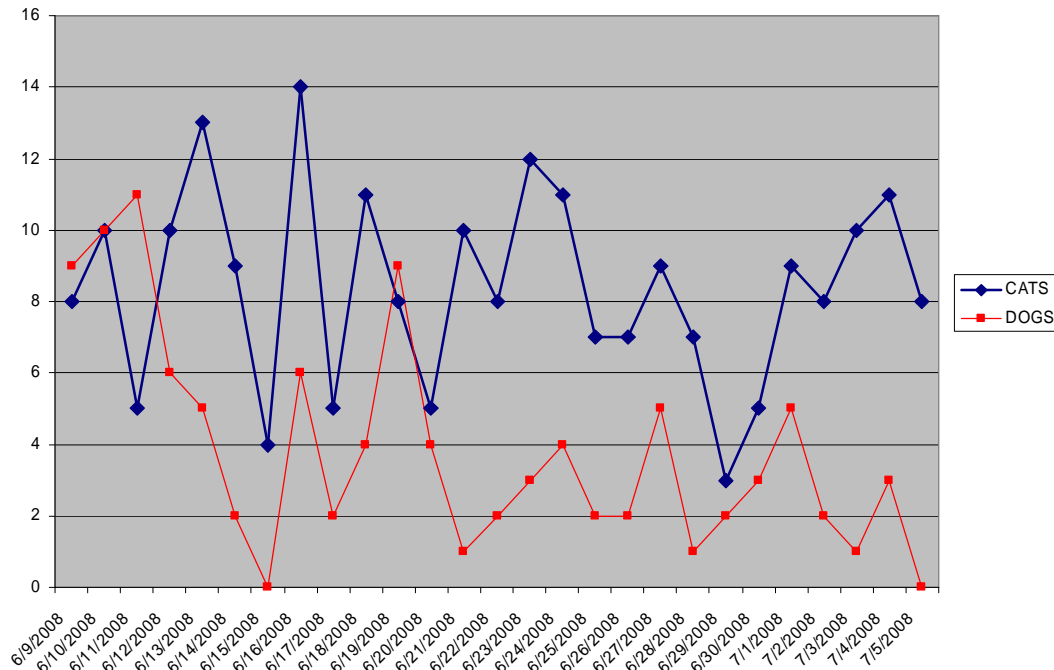


****NOTE: Data for Jul 04 -05 not available at this time, due to temporary technical issues that are being addressed****

* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

Dead Animal Pick-Up Calls to 311

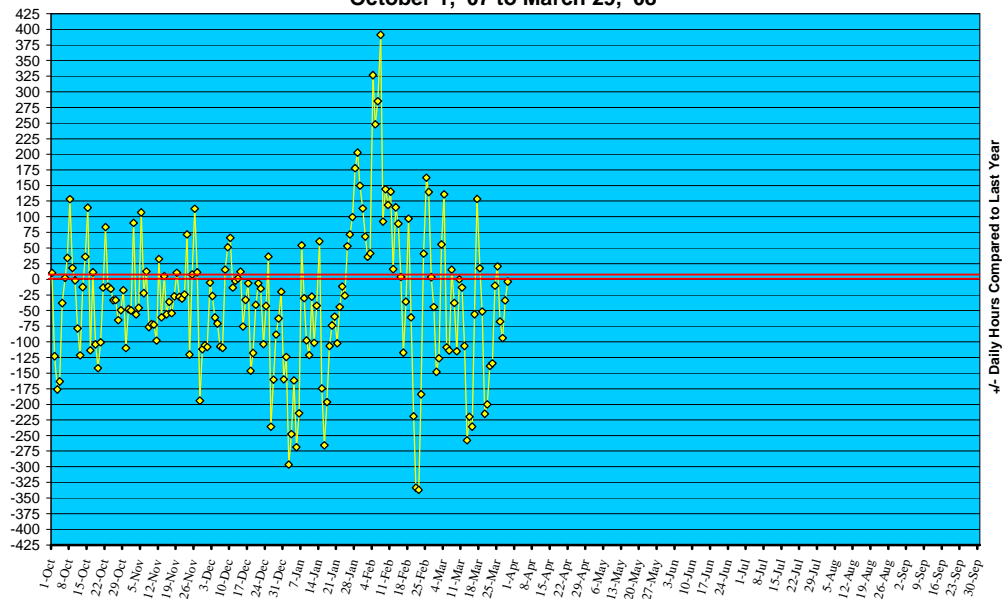


REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

*Note: No new data available at this time.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to March 29, '08**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in May 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (June 29 – Jul 5, 2008):	12	0
Prior week (June 22 –28, 2008):	11	0
Week#27, 2007 (Jul 01 –7, 2007):	8	0

OUTBREAKS: 1 outbreak was reported to DHMH during MMWR Week 27 (June 29-July 5, 2008):

1 Rash Illness outbreak

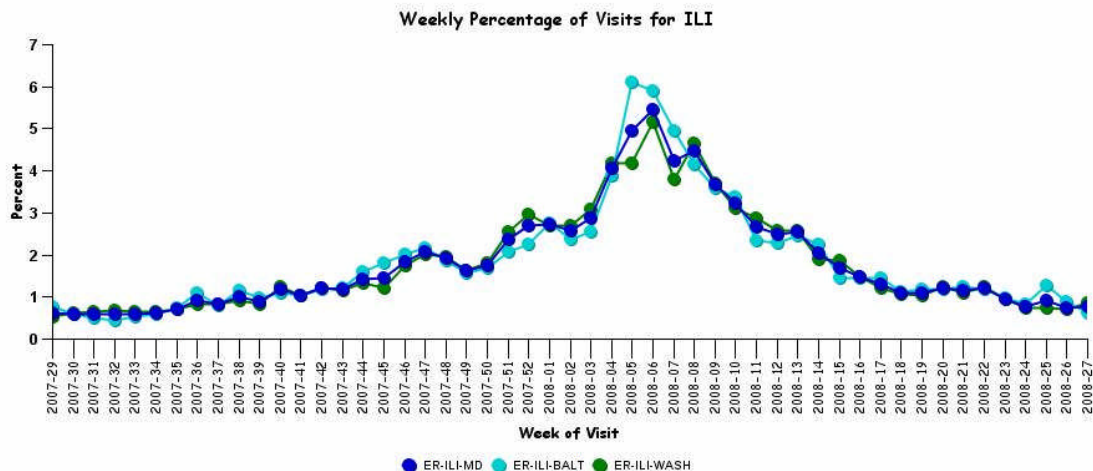
1 outbreak of SCABIES associated with a Nursing Home

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of June 19, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 385, of which 243 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

Avian Influenza: There were no current articles.

NATIONAL DISEASE REPORTS:

E. COLI O157, GROUND BEEF CONF., RECALL (OHIO, MICHIGAN): Nebraska Beef, Ltd, an Omaha, Nebraska, establishment is recalling approximately 531 707 pounds (241.2 tonnes) of ground beef components that may be contaminated with *E. coli* O157:H7, the USA Department of Agriculture's Food Safety and Inspection Service (USDA-FSIS) announced today [June 30, 2008]. The problem was discovered by FSIS through traceback investigations and ground beef samples collected from 2 federally inspected establishments positive for *E. coli* O157:H7, as well as multiple samples of Kroger brand ground beef positive for *E. coli* O157:H7, with matching pulsed-field gel electrophoresis (PFGE) patterns. FSIS is continuing its investigation into any products that may be contaminated with *E. coli* O157:H7 or that are associated with illnesses and will take appropriate action when necessary. Kroger brand ground beef samples were collected by the Michigan and Ohio Departments of Agriculture and Health from patients in Michigan and Ohio. Nebraska Beef, Ltd, was identified as a common supplier to those stores in addition to 2 federally inspected establishments where FSIS obtained a positive ground beef sample that was matched to the outbreak strain identified in Michigan and Ohio. The epidemiological investigations and a case control study conducted by the Michigan and Ohio Departments of Agriculture and Health and the CDC (US Centers for Disease Control and Prevention) determined that there is an association between the ground beef products and 35 illnesses reported in Michigan (17) and Ohio (18). The illnesses were linked through the epidemiological investigation and by their PFGE pattern, or DNA fingerprint, found in PulseNet, a database maintained by the CDC. Also as a result of the investigation, on June 25, 2008 FSIS announced a recall of ground beef products sold at Kroger retail establishments in Michigan and Central and Northwestern Ohio Kroger retail establishments. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

HAND, FOOT AND MOUTH DISEASE (ASIA): Since March 2008, a growing number of cases of hand-foot-mouth disease (HFMD) have been reported in parts of Asia, mainly affecting children. HFMD is common among infants and children. It is very contagious and is spread through direct contact with the nose and throat secretions, saliva, blister fluid, or stool of an infected person. A large number of cases in the current outbreaks of HFMD in Asia are reportedly caused by enterovirus 71 (EV71). However, other strains of enterovirus can also cause HFMD. (Emerging Infectious Diseases are in Category C on the CDC list of Critical Biological Agents) *Non-suspect Case

SALMONELLOSIS, SEROTYPE TYPHIMURIUM U292 (DENMARK): More than 4000 people in Denmark may be infected with salmonella in what may become the worst outbreak there in 15 years, health officials said Wednesday [July 2, 2008]. Urgent checks are being conducted to find the source of a salmonellosis outbreak that officials say may be caused by a food product distributed only in Denmark, but no single source has yet been named. According to the Danish Ministry of Health, 330 cases have been confirmed and about a quarter of those people have been hospitalized. No deaths have been reported. Officials at the government's center for prevention and control of infectious diseases say the real number probably exceeds 4000 people. About 30 new cases are reported every day and the number has risen significantly over the past 6 weeks. Officials suspect the outbreak to be linked to meat products. The strain has been identified as *Salmonella* [enterica serotype] Typhimurium U292, a fairly rare type of the disease. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

HANTAVIRUS UPDATE 2008 (AMERICAS and BRAZIL): This Monday [June 30, 2008], the state Health Secretariat confirmed the 3rd case of hantavirus [infection] in Minas Gerais this year [2008]. A 29-year-old man died because of the disease in Uberaba, in the Triangulo Mineiro, on March 26, 2008. This is the 2nd confirmed [hantavirus-caused] death in the state. According to the Ministry of Health, from January to June [2008], 34 cases were confirmed across the country, with 17 deaths. Hantaviruses are transmitted by field rats. The human being can be [infected by] breathing [virus]

contaminated dust from faeces, urine, and saliva from infected animals. The main symptoms are fever, severe headache, muscle pain, anoxia, dry cough, nausea, and vomiting. (Emerging Infectious Diseases are in Category C on the CDC list of Critical Biological Agents) *Non-suspect Case

EBOLA HEMORRHAGIC FEVER, SUSPECTED (CONGO DR): The WHO sub-office based in Mbandaka (Equateur province) reported, on 2 Jun 2008, a worrying trend of reported cases of suspected viral hemorrhagic fever (VHF) at the General Referral Hospital (HGR) Boende, in Tshuapa district. Indeed, according to the weekly report of activities "Action Health Crisis in DR Congo," from 23 May to 13 Jun 2008, 4 suspected cases were recorded, all fatal. The 4th case, which was followed in isolation, died on the night of 12-13 Jun 2008, bringing the fatality rate to 100 percent. The report says that all these cases come from the health zone of Boende. Of the 4 cases, 2 are in the age group of less than 5 years, all male, while the 2 others are women 18-25 years old. The report also stresses that WHO has provided technical, financial, and logistical support and facilitated the transport of teams of experts from Kinshasa, and other parts of Mbandaka, capital of Equateur province, to reach Boende, located 444 km (276 mi) east of Mbandaka. The report also notes that WHO has provided basic kits and 3 other essential medicines at the hospital to improve Boende's care for the sick, and personal protection material. Samples were taken and sent to the CDC (Centers for Disease Control and Prevention)-Atlanta, USA, lab but the results are not yet known. Other partners such as UNFPA (United Nations Population Fund), Medecins sans Frontieres-Belgium (MSF-B), and ECHO (European Commission Humanitarian Aid) have also given their support to monitor the suspected viral hemorrhagic fever in Boende. (Viral hemorrhagic fever are in Category A on the CDC list of Critical Biological Agents) *Non-suspect Case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

Investigation of Outbreak of Infections Caused by *Salmonella* Saintpaul

Updated information on the recent outbreak of human *Salmonella* infections associated with consumption of raw tomatoes. (<http://www.cdc.gov/salmonella/saintpaul/>)

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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